

UC-268  
(Rev. 7/87)

STATE OF HAWAII  
Department of Labor and Industrial Relations  
Unemployment Insurance Division  
VERIFICATION OF RETIREMENT, PENSION, OR SIMILAR INCOME

NOTICE TO CLAIMANT: Since you are eligible to receive retirement or pension payments, we need to verify the amount and source of such payments. Please have this form completed by the employer, agency, or organization that issues the payment. Your signature on this form is needed to authorize release of information.

NAME LINDA D. SEKIYA SSA No. 575-48-2664

I hereby authorize DRMO-HAWAII / DLA / DFAS OPLOC-CHA  
(Name of employer, agency, organization)  
to furnish necessary information to the Department of Labor and Industrial Relations concerning my receipt of retirement, pension, or similar payments.

[Signature] 10-17-01  
Signature Date

NOTICE TO EMPLOYER, AGENCY, ORGANIZATION, ETC.: Please complete the following items and return this form to the address below.

1. TYPE OF PAYMENT \_\_\_\_\_  
(If receiving Social Security, old age, or disability retirement benefits, indicate if primary or secondary.)
2. AMOUNT OF PAYMENT (Gross) \$ \_\_\_\_\_ per week/month/year/other (specify)  
(If estimate, please indicate) (circle one)
3. Effective date of payments (month, day, year) \_\_\_\_\_
4. If this individual received or will receive lump sum or retroactive payment(s):  
Amount of such payment \$ \_\_\_\_\_  
Period payments cover \_\_\_\_\_ (From) \_\_\_\_\_ (To)  
Date of payment (month, day, year) \_\_\_\_\_
5. Please indicate the proportion, if any, the employer, agency, or the organization contributed to the cost of the pension plan as compared with the proportion, if any, the individual contributed:  
☒ financed entire cost ☐ more than one-half but less than 100%  
☐ exactly one-half ☐ less than one-half
6. Will this individual be receiving any future increase in his/her pension or retirement amount, such as a yearly cost-of-living adjustment?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, Effective date(s) of increase(s) \_\_\_\_\_  
Date(s) increase will be received \_\_\_\_\_  
Amount of increase \$ \_\_\_\_\_ or Percentage \_\_\_\_\_ %
7. If this individual was employed by your company, organization, agency, etc. during the last 12 to 15 months, were his/her employment or wages during those months used to qualify him/her for his/her pension or retirement, or did such employment or wages increase the amount of pension the individual is receiving? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

HONOLULU CLAIMS OFFICE  
830 Punchbowl Street, Room 110  
P. O. Box 110  
Honolulu, HI 96812-4090

Title \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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EXHIBIT

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The following question is being asked in compliance with U.S. Department of Labor regulations. You are not required to answer this question.

ARE YOU HANDICAPPED AS DEFINED IN SECTION 504 OF THE REHABILITATION ACT OF 1973? \_\_\_\_\_ YES \_\_\_\_\_ NO

A PERSON IS HANDICAPPED IF HE OR SHE HAS A PHYSICAL OR MENTAL IMPAIRMENT WHICH SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES; HAS A RECORD OF IMPAIRMENT; OR IS REGARDED AS HAVING SUCH IMPAIRMENT.

UC-BP-24 (Rev. 5/97)

Name LINDA D SEKIYA Social Security Number 575-48-2664

1. Have you ever filed for unemployment insurance previously? YES ( ) NO (X)  
If "Yes," when and where: \_\_\_\_\_
2. Was there any reason why you could not have accepted full-time work since you have been unemployed? YES ( ) NO (X)  
If "Yes," please explain: \_\_\_\_\_
3. What kind of work did you perform on your last job? ADMINISTRATIVE  
a. How long did you work at your last job? 26 YRS  
b. What days did you work? MON - FRI  
c. What were your hours? 40/WEEK 7:30-4  
d. What was your rate of pay? 15.00/HR an hour; \_\_\_\_\_ a month.
4. What other kind(s) of work experience have you had? SALES  
a. How long did you work in this capacity? 1.2 YRS
5. What kind of work are you looking for now? ADMINISTRATIVE  
a. What is the lowest pay you will accept? 7.50 an hour; \_\_\_\_\_ a month.  
b. Circle the days of the week that you are willing and able to work:  
Sunday ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☒ Saturday ☐  
c. During what hours of the above days are you willing and able to work? DAYS - 8-5 PM  
d. In what geographical areas are you willing and able to work? HONOLULU  
e. What means of transportation do you have to get to work? CAR  
(Specify: own car, bus, taxi, or other means.)
6. Do you expect to obtain work through a Labor Union? YES ( ) NO (X)  
a. If "Yes," give name of union and local number: \_\_\_\_\_  
b. If "Yes," are you registered and in good standing? YES ( ) NO ( )  
c. Would you accept nonunion work? YES ( ) NO ( )
7. Has any employer offered you work since you became unemployed? YES ( ) NO (X)  
If "Yes," please give name and address of employer: \_\_\_\_\_
8. Has the State Workforce Development Division offered you a referral to work since you became unemployed? YES ( ) NO (X)  
If "Yes," what was the result: \_\_\_\_\_
9. Do you  
a. Work for anyone now? YES ( ) NO (X)  
b. Spend any time in self-employment or in business of any kind? YES ( ) NO (X)  
c. Attend or plan to attend school or vocational training? YES ( ) NO (X)  
If "Yes," give name of employer, or kind of self-employment, or name of school and hours spent working or attending school or vocational training: \_\_\_\_\_
10. Are you claiming, receiving, applied for or do you plan to apply for:  
a. Social Security YES ( ) NO (X)  
b. Pension YES (X) NO ( )  
c. Worker's Compensation (Industrial injury) YES ( ) NO (X)  
d. Educational assistance YES ( ) NO (X)  
e. Disability benefits YES ( ) NO (X)  
If you answered "yes" to any of the above, explain: RETIREMENT - FEDERAL PERSON
11. Do you have minor children, aged or sick members in your family living with you? YES ( ) NO (X)  
If "Yes," who will care for them if you should go to work?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
12. What do you feel have been your major problems in finding a job? \_\_\_\_\_

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13. To be answered by ex-servicepersons only:

- a. Were you employed by a civilian or governmental employer at the time you entered, voluntarily or involuntarily, U.S. military service for active duty, active duty for training, or inactive duty training? YES ( ) NO ( )
- b. If you answered "yes" to the above question, have you applied with your pre-service employer for re-employment, as provided under federal law (50 U.S.C. App. Sec. 459)? YES ( ) NO ( )

If "Yes," what were the results \_\_\_\_\_

If "No," why not \_\_\_\_\_

- c. Are you receiving or have you applied for:

Subsistence allowance for vocational rehabilitation training (38 U.S.C. Chapter 31) YES ( ) NO ( )

War orphans' or widows' educational assistance allowance (38 U.S.C. Chapter 35) YES ( ) NO ( )

### CLAIMANT: DO NOT WRITE BELOW THIS LINE

The Law provides that to be eligible for benefits, an individual must be able to work and available for work.

Re-employment and availability statement:

I am advised the following conditions are barriers to my re-employment and may adversely affect my eligibility for benefits.

_____ Pay	_____ Work Search
_____ Hours, days, shifts	_____ Child care
_____ Labor market area	_____ School
_____ Transportation	_____ Self-employment
_____ Type of work (qualification/skills)	_____ Other _____
_____ Highly unionized market	

In order to improve my prospects of re-employment and continue eligibility I am advised:

CERTIFICATION: I am unemployed, ready, willing and able to work. I understand that the law provides penalties for false statements made for the purpose of obtaining benefits. I acknowledge receipt of the Eligibility Review Questionnaire and I certify to the truth of the statements entered herein.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

(Sign in presence of interviewer)

INTERVIEWER'S COMMENTS:

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Next Interview

FOR OFFICE USE ONLY:

IDENTIFICATION DATA: \_\_\_\_\_ Driver's License \_\_\_\_\_

\_\_\_\_\_ Hawaii State ID \_\_\_\_\_

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